

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568566

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		3				
6		3				
7		1				
8	1					
9		1				
10		1				
11		3				
12		3				
13	1					
14		1				
15		1				
16		1				
17		3				
18		3				
19		3				
20	1					
21		1				
22		1				
23		3				
24		3				
25		3				
26	1					
27	1					
28	1					
29		1				
30		1				
31	1					
32	1					
33		1				
34		2				
35	1					
36		1				
37		2				
38	1					
39		1				
40	1					
41		1				
42	1					
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
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97						
98						
99						
100						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	61	←		←		←
TOTAL CLAIMS	75					